

PELICAN BAY
ASU

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8 MAR -7 PM 12:41

RICHARD L. LARK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Bloodsaw Theopric
Plaintiff,
et al.

CV 08

0743

CASE NO. _____

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

JF

vs.
Woodford J.S.
Robertson J.
Browman J.
Walch S.
Defendant.

(PR)

I, *Bloodsaw T.*, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

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1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

4 In the year of 2000 at San Quentin State
5 Prison I had no pay ~~at~~ number. Prior to
6 that I was disable and homeless (ADA).

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
10 self employment
11 b. Income from stocks, bonds, Yes ☒ No ___
12 or royalties?
13 c. Rent payments? Yes ___ No ☒
14 d. Pensions, annuities, or Yes ___ No ☒
15 life insurance payments?
16 e. Federal or State welfare payments, Yes ___ No ☒
17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 \$13.00 From my Aunt on 1-14-08 Serial No.
22 200479669335

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ N/A

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- 1 b. List the persons other than your spouse who are dependent upon you for
2 support and indicate how much you contribute toward their support. (NOTE:
3 For minor children, list only their initials and ages. DO NOT INCLUDE
4 THEIR NAMES.).

5 N/A

6
7 5. Do you own or are you buying a home? Yes ___ No ☒
8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No ☒
10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ___ If so, Total due: \$ _____
12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)
14 Name(s) and address(es) of bank: _____

15
16 Present balance(s): \$ _____

17 Do you own any cash? Yes ___ No ☒ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19 market value.) Yes ___ No ☒

20
21 8. What are your monthly expenses?

22 Rent: \$ N/A Utilities: N/A

23 Food: \$ N/A Clothing: N/A

24 Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26 _____	\$ _____	\$ _____
27 _____	\$ _____	\$ _____
28 _____	\$ _____	\$ _____

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1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 N/A

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ☒ No ☐

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 CV-00752-JF-550, C-07-4200-JF-550,
10 CV-00648-JF-550,

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 2-26-08

17 DATE

T. Bloodsaw

18 SIGNATURE OF APPLICANT
19
20
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PELICAN BAY
ASU

Case Number: _____

**CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months

[prisoner name]

_____ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

Case Number: _____

CERTIFICATION OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Theopric Kent Bloodsaw P20045 for the last six months at Pelican Bay State Prison where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$2.48 and the average balance in the prisoner's account each month for the most recent 6-month period was \$2.48. (20% = \$0.50)

Dated: 2/28/08

L. Ann and I. Sapp
Authorized officer of the institution



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 2-28-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY J. Kleppin
TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
 PELICAN BAY STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 27, 2008

ACCOUNT NUMBER : P20045 BED/CELL NUMBER: ASUE0000000001L
 ACCOUNT NAME : BLOODSAW, THEOPRIC KENT ACCOUNT TYPE: I
 PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
08/01/2007		BEGINNING BALANCE					0.00
08/09	DD30	CASH DEPOSIT	0699 #027		9.00		9.00
08/13	W215	FEDERAL FILIN	0731 8/09			1.80	7.20
08/13	W512	LEGAL POSTAGE	0730			2.67	4.53
08/13	W512	LEGAL POSTAGE	0730			1.82	2.71
08/13	W512	LEGAL POSTAGE	0730			0.58	2.13
08/14	W513	MISC. CHARGES	0768			2.13	0.00
ACTIVITY FOR 2008							
01/14	DD30	CASH DEPOSIT	2981 #138		5.85		5.85
01/15	W516	LEGAL COPY CH	3013			1.90	3.95
01/17	W512	LEGAL POSTAGE	3049			0.20	3.75
01/17	W512	LEGAL POSTAGE	3049			1.31	2.44
01/22	W513	MISC. CHARGES	3121			0.20	2.24
01/31	W919	REVERSE LEGAL	3295/3049			1.27-	3.51
01/31	W215	FEDERAL FILIN	3295 1/14			1.17	2.34
01/31	W212	FEDERAL FILIN	3295 1/14			1.17	1.17
01/31	W212	FEDERAL FILIN	3295 1/14			1.17	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/05/2008	H116	FEDERAL FILING FEE HOLD	3408 INI	0.30

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/13/02 CASE NUMBER: YA053506
 COUNTY CODE: LA FINE AMOUNT: \$ 250.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/01/2007		BEGINNING BALANCE		250.00



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CALIFORNIA DEPARTMENT OF CORRECTIONS

BY J. Kleppin pg 1 of 2
 TRUST OFFICE

PELICAN BAY STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 27, 2008

ACCT: P20045

ACCT NAME: BLOODSAW, THEOPRIC KENT

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/13/02

CASE NUMBER: YA053506

COUNTY CODE: LA

FINE AMOUNT: \$ 250.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/09/07	DR30	REST DED-CASH DEPOSIT	10.00-	240.00
01/14/08	DR30	REST DED-CASH DEPOSIT	6.50-	233.50

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	14.85	14.85	0.00	0.30	0.00



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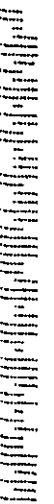
BY J. Kleppin pg 2 of 2
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

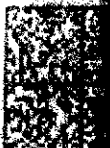
0.30-

PELICAN BAY STATE PRISON
P.O. BOX 7500
CRESCENT CITY, CA 95532

CDC NO: P20045 HOUSING: ADULT



CRESCENT CITY, CA 95532



United States Dist
Northern District of
ATTN: Clerk